

<i>SERFF Tracking Number:</i>	<i>DDAR-127194760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delta Dental of Arkansas</i>	<i>State Tracking Number:</i>	<i>48952</i>
<i>Company Tracking Number:</i>	<i>DV-ENR-11</i>		
<i>TOI:</i>	<i>HOrg03 Health - Other</i>	<i>Sub-TOI:</i>	<i>HOrg03.000 Health - Other</i>
<i>Product Name:</i>	<i>DV-ENR-11</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: DV-ENR-11

TOI: HOrg03 Health - Other

Sub-TOI: HOrg03.000 Health - Other

Filing Type: Form

SERFF Tr Num: DDAR-127194760 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: DV-ENR-11

Author: Sara Farris

Date Submitted: 06/01/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/16/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association, Employer

Filing Status Changed: 06/16/2011

State Status Changed: 06/16/2011

Created By: Sara Farris

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

This is an amended enrollment form for our group dental and vision products. This form is used to enroll, and cange information for, group members. In this amendment, we replaced the "phone number" with "email" and removed the COB questions.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Sara Farris

Company and Contact

Filing Contact Information

<i>SERFF Tracking Number:</i>	<i>DDAR-127194760</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delta Dental of Arkansas</i>	<i>State Tracking Number:</i>	<i>48952</i>
<i>Company Tracking Number:</i>	<i>DV-ENR-11</i>		
<i>TOI:</i>	<i>HOrg03 Health - Other</i>	<i>Sub-TOI:</i>	<i>HOrg03.000 Health - Other</i>
<i>Product Name:</i>	<i>DV-ENR-11</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Sara Farris,	sfarris@ddpar.com
1513 Country Club	501-992-1662 [Phone]
Sherwood, AR 72120	501-992-1663 [FAX]

Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:
Sherwood, AR 72120	Group Name:	State ID Number:
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	06/01/2011	48223474

SERFF Tracking Number: DDAR-127194760
Filing Company: Delta Dental of Arkansas
Company Tracking Number: DV-ENR-11
TOI: HOrg03 Health - Other
Product Name: DV-ENR-11
Project Name/Number: /

State: Arkansas
State Tracking Number: 48952
Sub-TOI: HOrg03.000 Health - Other

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2011	06/16/2011

SERFF Tracking Number: DDAR-127194760
Filing Company: Delta Dental of Arkansas
Company Tracking Number: DV-ENR-11
TOI: HOrg03 Health - Other
Product Name: DV-ENR-11
Project Name/Number: /

State: Arkansas
State Tracking Number: 48952
Sub-TOI: HOrg03.000 Health - Other

Disposition

Disposition Date: 06/16/2011
Implementation Date:
Status: Approved-Closed
HHS Status: HHS Approved
State Review: Reviewed-No Actuary
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	DDAR-127194760	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	48952
Company Tracking Number:	DV-ENR-11		
TOI:	HOrg03 Health - Other	Sub-TOI:	HOrg03.000 Health - Other
Product Name:	DV-ENR-11		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	DV-ENR-11	Approved-Closed	Yes

SERFF Tracking Number: DDAR-127194760 State: Arkansas
Filing Company: Delta Dental of Arkansas State Tracking Number: 48952
Company Tracking Number: DV-ENR-11
TOI: HOrg03 Health - Other Sub-TOI: HOrg03.000 Health - Other
Product Name: DV-ENR-11
Project Name/Number: /

Post Submission Update Request Processed On 06/02/2011

Status: Allowed
Created By: Sara Farris
Processed By: Rosalind Minor
Comments:

General Information:

Field Name	Requested Change	Prior Value
Implementation Date Requested		01/01/2010

SERFF Tracking Number:	DDAR-127194760	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	48952
Company Tracking Number:	DV-ENR-11		
TOI:	HOrg03 Health - Other	Sub-TOI:	HOrg03.000 Health - Other
Product Name:	DV-ENR-11		
Project Name/Number:	/		

Form Schedule

Lead Form Number: DV-ENR-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/16/2011	DV-ENR-11	Application/ Enrollment Form	DV-ENR-11	Initial			DV-ENR-11.pdf

Delta Dental of Arkansas
P.O. Box 15965
North Little Rock, AR 72231
E-mail: eligibility@ddpar.com

- ☐ New Enrollment
- ☐ Status Change
- ☐ Address Change
- ☐ Termination
- ☐ Dental Only
- ☐ Vision Only
- ☐ Dental/Vision
- ☐ Cobra

Effective Date

Month	Day	Year

Group Number: _____

Group Name: _____

Social Security Number

Subscriber's Identifier (if applicable)		

LAST NAME: _____

FIRST: _____

MI: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL: _____

Date of Birth

MM / DD / YY

Marital Status

☐ Single
☐ Married

Sex

☐ Male
☐ Female

Date of Hire

MM / DD / YY

NOTE: Certain medical conditions may entitle you and/or your covered dependents to additional benefits. Please mark any conditions that apply to you (Under section 2 below, please enter Code for affected dependents in the box entitled "EBD Code." Enter P for pregnant, D for diabetes, and H for Heart Disease)

☐ Pregnancy - Expected due date _____

☐ Diabetes - Date of onset _____

☐ Heart Disease - Date of onset _____

1. COVERAGE CHANGES

* Please check the box(es) next to the reason(s) for your change

Type coverage selected (choose one)

Dental

☐ Employee
☐ Employee/Spouse
☐ Employee/Child
☐ Employee/Children
☐ Employee/Family

Vision

☐ Employee
☐ Employee/Spouse
☐ Employee/Child
☐ Employee/Children
☐ Employee/Family

☐ Add Dependent(s) listed below
☐ Remove Dependent(s) listed below
☐ Name Change
☐ Late Entrance (employee)
Reason(s) for Change:
☐ Marriage
☐ Divorce
☐ Birth or adoption of child
☐ Full Time Student
☐ Handicapped
☐ Other _____
☐ COBRA effective date _____

☐ Change Coverage
☐ Address Change only
☐ Qualifying event
☐ Late Entrance (dependent)
Date of event _____
☐ Loss of spouse's coverage
☐ No longer dependent child
☐ Death of dependent
☐ No longer Full Time Student

2. LIST ALL MEMBERS TO BE ENROLLED OR AFFECTED BY CHANGE

Dental	Vision	Add	Remove	EBD Code	Onset Date	Last (if different)	First	MI	Relationship	Sex M/F	Birthdate (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

3. AUTHORIZATION

"I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting information in connection with enrollment, coverage reinstatement, or requests to change benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

4. CERTIFICATION

"I certify that the information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ I have been offered the opportunity to enroll in the dental and/or vision program through Delta Dental; however, I waive coverage at this time.

☐ I authorize payroll deductions.

Signature: _____

Date: _____

DV-ENR-33

SERFF Tracking Number:	DDAR-127194760	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	48952
Company Tracking Number:	DV-ENR-11		
TOI:	HOrg03 Health - Other	Sub-TOI:	HOrg03.000 Health - Other
Product Name:	DV-ENR-11		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	06/16/2011
Bypass Reason:	This is not a "policy, contract, or certificate of insurance" subject to these requirements.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	06/16/2011
Bypass Reason:	This is not a "policy" subject to this requirements.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	06/16/2011
Bypass Reason:	This is not an individual health product subject to this requirement.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	06/16/2011
Bypass Reason:	This is not a PPACA filing.		
Comments:			